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APPLICANTS

David J. Yang, Sugarland, TX;
 Chun-Wei Liu, Sugarland, TX;
 Dong-Fang Yu, Houston, TX;
 E. Edmund Kim, Houston, TX;

**** CONTINUING DATA *******

This application is a CIP of 09/434,313 10/25/1999 PAT 6,692,724
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/23/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
TX	102	51	7

ADDRESS

Monica A. De La Paz
 600 Congress Avenue
 Suite 2400
 Austin ,TX 78701

TITLE

ETHYLEDICYSTEINE (EC)-DRUG CONJUGATES, COMPOSITIONS AND METHODS FOR TISSUE SPECIFIC DISEASE IMAGING

FILING FEE RECEIVED 1459	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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